Putting My House in Order: Information & Plans Needed at the Time of Death

For members of
First Presbyterian Church
200 West Trade Street
Charlotte, NC 28202
www.firstpres-charlotte.org
Your Congregational Support Ministry Team here at First Presbyterian Church believes that preparing for death and dying represent good stewardship. So we prepared this booklet for our First Presbyterian family, hoping it will offer a path to peace of mind to you and comfort to those who will grieve when you are gone.

We urge you to:

- Fill in the information while you are well and of sound mind;
- Update the information and keep it timely;
- Place this booklet in a safe, accessible location and let your family know where it is;
- Provide a copy of this document to the person or people closest to you;
- Complete the inserted sheet and return it to the Reverend Katherine Kerr so it can be kept on file to assist your family at the time of your death.

The first section of this booklet is related to planning for your death. The second section, which begins on page 9, is related to handling medical emergencies and could be vital for family and caregivers.

Note to the family: When a member of First Presbyterian Church dies, please contact the church office at 704.332.5123.
Part 1: Planning for Your Death

Full name: ____________________________________________
Date: ________________________________________________
Social Security Number: ________________________________

Immediate Contacts in the Event of Your Death

Name: ________________________________________________
Phone: ______________________________________________
Relationship: ________________________________________

Name: ________________________________________________
Phone: ______________________________________________
Relationship: ________________________________________

Name: ________________________________________________
Phone: ______________________________________________
Relationship: ________________________________________

Name: ________________________________________________
Phone: ______________________________________________
Relationship: ________________________________________
Checklist for Important Documents
Please indicate where each of the documents listed below is located. Provide family members and/or your legal advisor with up-to-date copies of this form.

If a document is not relevant, please write “Does not apply” or “No Record” in the space provided. Don’t leave any item blank. And use this document only to provide the location of the information, not to fill in the information itself.

Birth Certificate ______________________________________
Marriage License/Certification _________________________
_________________________________________________
Divorce Decree ______________________________________
Death Certificate of Spouse __________________________
Social Security Card _________________________________
Military Service Records ____________________________
Medicare/Medicaid/Insurance Card/Records _____________
_________________________________________________
Living Will (Instructions for end-of-life health care or advanced medical directives)__________________________
_________________________________________________
Power of Attorney for Health Care _____________________
_________________________________________________
Power of Attorney for Financial/Legal/Personal Affairs __
_________________________________________________
Health Insurance Policies ______________________________
_________________________________________________
Nursing Home/Long-Term Care Policies________________
Automobile Titles _________________________________
Auto Insurance Policies _____________________________
Personal Property _________________________________
Appraisals of Special Collections _____________________

Bank Security Box & Key Location ____________________

Computer Location & Password ______________________

Email Service Provider(s) & Password(s)
________________________________________________
________________________________________________
________________________________________________
________________________________________________

Other Web Accounts & Passwords
Other ____________________________________________
Other ____________________________________________
Other ____________________________________________
Other ____________________________________________

Instructions for Burial, Funeral or Memorial Service
(Check all that apply.)
☑ No arrangements made
☑ Details in this document only
☑ Family member
Name: ______________________________________
Phone: ______________________________________

☐ Funeral Home
Name: ______________________________________
Phone: ______________________________________
☐  Attorney
Name: ______________________________________
Phone: ______________________________________

☐  Friend
Name: ______________________________________
Phone: ______________________________________

If you have a preference for a funeral home or funeral director, please indicate who should be contacted:
________________________________________________
________________________________________________

**Burial Preferences**

☐  Casket *(list any preferences if pre-arrangements have not been made)*

☐  Cremation

☐  Donation to medical school *(indicate institution to receive body)*

☐  Other

**Burial Location**

☐  Cemetery *(name and location)*

Has plot been purchased?  __ Yes  __ No

*If yes, plot location or other details* ____________________________
☐ Interment of ashes in First Presbyterian columbarium
Has niche been purchased?  __ Yes  __ No
If yes, niche location ________________________________

Other arrangements (please specify)
________________________________________________
________________________________________________
________________________________________________
________________________________________________
________________________________________________

Type of service preferred
☐ Memorial Service
☐ Funeral Service
☐ Service of Committal (graveside only)

Location of Memorial or Funeral Service
☐ First Presbyterian Church Sanctuary
☐ First Presbyterian Church Chapel
☐ Other: ______________________________________

Request for specific scriptures in the service
________________________________________________
________________________________________________
________________________________________________
________________________________________________
________________________________________________
Request for specific music in the service (including special instruments or vocal selections)


Hymn selections


Other service requests


List of pall bearers


6
Do you wish any military or fraternal rites following the service?
__Yes       __No

*If yes, please specify military service information*
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**Wishes regarding memorial gifts (check all that apply)**
☐ Memorial contributions to First Presbyterian Church
☐ Contributions to First Presbyterian Church for the following specific need or fund _________________________
________________________________________________________________________
☐ Contributions to the following charities ____________
________________________________________________________________________
________________________________________________________________________

**Obituary Information**
☐ Check here if written on additional paper; please staple to this form
Authorization
I understand that the instructions on this form are not legally binding and may be altered at my written request. I also understand that my requests and wishes will be honored within the guidelines established by the Book of Order (Presbyterian Church USA) and any policies in force established by the Session of First Presbyterian Church.

Signature: ________________________________

Date: ________________________________
Part 2: Being Prepared for Medical Emergencies

In Case of Medical Emergency
Name of Primary Care Physician: _____________________
________________________________________________
Phone: __________________________________________
What hospital should you be carried to: ________________
________________________________________________

Contact for an Up-to-Date List of Your Prescription Medications
Name: __________________________________________
Phone: __________________________________________
Relationship: _____________________________________

Healthcare Insurance Provider(s)
Company: _______________________________________
Phone: _______________________________________
Policy Number: _________________________________
Company: _______________________________________
Phone: _______________________________________
Policy Number: _________________________________
Medications List
List all prescriptions, over-the-counter medications and health supplements or herbal formulas you are taking, indicating dosage and frequency of administering. Please update as necessary; cross out what you no longer use and add anything new.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Medication Allergies/Reactions

Each time you revise this list, record the date below.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
### List other physicians and their specialty areas (cardiologist, oncologist, surgeon, etc.)

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What clinics or hospitals would have files about your health conditions and previous treatments? (*Include urgent care facilities, VA hospitals, specialized treatment centers, etc.*)

If you have a living will or other written medical directives, where is it located or who has access to a copy?

Who have you designated as your Health Care Power of Attorney?

If you have made legal arrangements to be an organ donor, where are your instructions located?

List the pharmacy or pharmacies that dispense your prescriptions:
Thank you for taking the time to provide information that should not only be a comfort to your loved ones at the time of your death or serious illness, but should also enable us to carry out your wishes to create a meaningful experience for your loved ones and your church family.

The Reverend Pendleton Peery  
Senior Pastor  
ppeery@firstpres-charlotte.org  
704.927.0275

The Reverend Erika Funk  
Associate Pastor for Mission  
efunk@firstpres-charlotte.org  
704.927.0260

The Reverend Katherine Cooke Kerr  
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Congregational Ministry & Care  
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704.927.0250

The Reverend Erika Funk  
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